

## **EXHIBIT A**

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware		<b>GRACE NON-ASBESTOS PROOF OF CLAIM FORM</b>
Name of Debtor: <u>W. R. Grace &amp; Co., et al.</u>		Case Number <u>01-01139(SKF)</u>
<p><b>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</b></p>		
Name of Creditor (The person or other entity to whom the Debtor owes money or property): <u>Cendant Mobility Services Corporation</u>		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: <u>Cendant Mobility Services Corporation</u> <u>Attn: Wayne Pigic</u> <u>40 Apple Ridge Road</u> <u>Danbury, CT 06810</u>		
Account or other number by which creditor identifies Debtor:		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: <u>W. R. Grace &amp; Co. - Conn.</u>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date)		
<b>2. Date debt was incurred:</b> <u>Various</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<u>\$ 270,250.62</u>
<b>5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.</b>		
<input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only
<b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8. Acknowledgement:</b> Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self-addressed envelope and copy of this proof of claim form.		
Date <u>3/2/06</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Bruce M. Munn Senior Vice President</u>		

**Statement of Account**  
**W.R. Grace & Co. - Conn.**  
**As of March 24, 2003**

<u>Client No.</u>	<u>Client Name</u>	<u>Employee Name</u>	<u>File No.</u>	<u>Invoice No.</u>	<u>Invoice Type</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Amount Due</u>
3183	W.R. Grace & Co. - Conn.	Millie	1040274	L25740	Expense	2/13/03	3/15/03	241.56
3183	W.R. Grace & Co. - Conn.	Lempereur	706401	K17773	Expense	10/01/02	10/31/02	10,704.17
3183	W.R. Grace & Co. - Conn.	Becker	701763	K17774	Expense	10/01/02	10/31/02	804.00
3183	W.R. Grace & Co. - Conn.	Millie	1040274	K09745	Expense	09/21/02	10/21/02	474.34
3183	W.R. Grace & Co. - Conn.	Ahmed	701787	F64344	Late Fee	05/09/01	06/23/01	822.41
3183	W.R. Grace & Co. - Conn.	Reid	703045	E57512	Late Fee	1/10/01	2/24/01	1,455.38
3183	W.R. Grace & Co. - Conn.	Hayes	703764	E57513	Expense	1/10/01	2/9/01	995.85
3183	W.R. Grace & Co. - Conn.	Moeller	1065757	E57514	Advance	1/10/01	2/24/01	33,225.00
3183	W.R. Grace & Co. - Conn.	Merrill	714065	E35032	Late Fee	12/8/00	1/22/01	551.19
3183	W.R. Grace & Co. - Conn.	Hayes	703764	E35033	Expense	12/8/00	1/7/01	995.85
3183	W.R. Grace & Co. - Conn.	Musson	714574	D81373	Expense	10/11/00	11/25/00	775.00
3183	W.R. Grace & Co. - Conn.	O'Gorman	706197	D50667	Expense	9/12/00	10/27/00	19,500.67
3183	W.R. Grace & Co. - Conn.	Millie	1040274	D50668	Expense	9/12/00	10/12/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Harding	1040283	D50669	Expense	9/12/00	10/12/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Hall	1042492	D22940	Late Fee	8/11/00	9/10/00	117.42
3183	W.R. Grace & Co. - Conn.	Normand	1045370	D22941	Late Fee	8/11/00	9/10/00	196.32
3183	W.R. Grace & Co. - Conn.	Blackmore	1054800	D22942	Late Fee	8/11/00	9/10/00	1,230.83
3183	W.R. Grace & Co. - Conn.	Ahmed	701787	D22943	Expense	8/11/00	9/25/00	7,545.00
3183	W.R. Grace & Co. - Conn.	MacDonald	706646	D22944	Expense	8/11/00	9/25/00	322.45
3183	W.R. Grace & Co. - Conn.	Nigro	712119	D22945	Expense	8/11/00	9/10/00	3,026.84
3183	W.R. Grace & Co. - Conn.	Williams	1039725	D22946	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Millie	1040274	D22947	Expense	8/11/00	9/10/00	13,399.72
3183	W.R. Grace & Co. - Conn.	Harding	1040283	D22948	Expense	8/11/00	9/10/00	3,817.27
3183	W.R. Grace & Co. - Conn.	Nigro	1042456	D22949	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Dunn	1042484	D22950	Expense	8/11/00	9/10/00	15,061.78
3183	W.R. Grace & Co. - Conn.	Hall	1042492	D22951	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Normand	1045370	D22952	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Stief	1047013	D22953	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Clark	1051538	D22954	Expense	8/11/00	9/10/00	9,647.49
3183	W.R. Grace & Co. - Conn.	Lafferty	1054183	D22955	Expense	8/11/00	9/10/00	3,680.54
3183	W.R. Grace & Co. - Conn.	Blackmore	1054800	D22956	Expense	8/11/00	9/10/00	11,327.53
3183	W.R. Grace & Co. - Conn.	Iddins	1062250	D22957	Expense	8/11/00	9/10/00	1,320.00
3183	W.R. Grace & Co. - Conn.	MacDonald	1069687	D22958	Expense	8/11/00	9/10/00	910.00

**Statement of Account**  
**W.R. Grace & Co. - Conn.**  
**As of March 24, 2003**

<u>Client No.</u>	<u>Client Name</u>	<u>Employee Name</u>	<u>File No.</u>	<u>Invoice No.</u>	<u>Invoice Type</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Amount Due</u>
3183	W.R. Grace & Co. - Conn.	Becker	701763	D22959	Expense	8/11/00	9/10/00	4,174.00
3183	W.R. Grace & Co. - Conn.	Lafferty	708880	D22960	Expense	8/11/00	9/10/00	888.66
3183	W.R. Grace & Co. - Conn.	Smith	1016985	C89762	Late Fee	7/11/00	8/25/00	131.24
3183	W.R. Grace & Co. - Conn.	Miller	1018095	C89763	Late Fee	7/11/00	8/25/00	6,703.20
3183	W.R. Grace & Co. - Conn.	Hayes	703764	C89764	Expense	7/11/00	8/10/00	995.85
3183	W.R. Grace & Co. - Conn.	Spangenberg	713507	C89765	Late Fee	7/11/00	8/25/00	825.41
3183	W.R. Grace & Co. - Conn.	Hayes	703764	C38729	Expense	5/12/00	6/11/00	995.85
3183	W.R. Grace & Co. - Conn.	Williams	1040112	C08731	Expense	4/12/00	5/12/00	1,320.00
3183	W.R. Grace & Co. - Conn.	Hayes	703764	13284	Expense	3/17/00	4/16/00	995.85
3183	W.R. Grace & Co. - Conn.	Pfohlmann	713543	981358	Expense	2/10/00	3/11/00	11,751.35
3183	W.R. Grace & Co. - Conn.	Fraser	1027611	981359	Expense	2/10/00	3/11/00	1,156.42
3183	W.R. Grace & Co. - Conn.	Harding	1040283	962513	Expense	1/18/00	2/17/00	16,750.72
3183	W.R. Grace & Co. - Conn.	Blackmore	1054800	962518	Expense	1/18/00	2/17/00	14,372.11
3183	W.R. Grace & Co. - Conn.	Hayes	703764	949657	Expense	1/5/00	2/4/00	1,991.70
3183	W.R. Grace & Co. - Conn.	Nigro	712119	949658	Expense	1/5/00	2/4/00	18,615.86
3183	W.R. Grace & Co. - Conn.	Shen	712491	949659	Expense	1/5/00	2/4/00	2,063.06
3183	W.R. Grace & Co. - Conn.	Roberts	713720	949660	Expense	1/5/00	2/4/00	3,233.85
3183	W.R. Grace & Co. - Conn.	Fraser	1027611	949661	Expense	1/5/00	2/4/00	1,156.42
3183	W.R. Grace & Co. - Conn.	N/A	N/A	949662	Late Fee	1/5/00	2/4/00	195.97
3183	W.R. Grace & Co. - Conn.	Nigro	712119	786560	Expense	6/23/99	7/23/99	2,351.71
3183	W.R. Grace & Co. - Conn.	Fraser	1027611	786562	Expense	6/23/99	7/23/99	2,058.22
3183	W.R. Grace & Co. - Conn.	N/A	N/A	96731A	Homesale Closing	4/9/99	5/9/99	4,942.85
3183	W.R. Grace & Co. - Conn.	N/A	N/A	6330AA	Homesale Closing	4/7/99	5/7/99	8,611.21
3183	W.R. Grace & Co. - Conn.	N/A	N/A	0784JB	Homesale Closing	3/25/99	4/24/99	1,133.40
3183	W.R. Grace & Co. - Conn.	N/A	N/A	0973JB	Homesale Closing	2/28/99	3/30/99	1,133.40
3183	W.R. Grace & Co. - Conn.	N/A	N/A	1023CA	Homesale Upfront	2/28/99	3/30/99	3,795.00
3183	W.R. Grace & Co. - Conn.	N/A	N/A	1736DA	Homesale Closing	2/26/99	3/28/99	3,059.01
3183	W.R. Grace & Co. - Conn.	N/A	N/A	0629JB	Homesale Closing	2/12/99	3/14/99	10,200.37
3183	W.R. Grace & Co. - Conn.	Baker	N/A	0172JC	Expense	1/13/99	2/12/99	519.54
3183	W.R. Grace & Co. - Conn.	Piedra	N/A	0174JC	Expense	1/13/99	2/12/99	1,133.40
3183	W.R. Grace & Co. - Conn.				Miscellaneous Credits			(8,393.62)
<b>Total Due</b>								<b>\$270,250.62</b>

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 02/13/2003  
**Invoice Number** L25740  
**Reference Number** 3078114  
**Total Invoice** \$241.56  
**Due Date** 03/15/2003

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Miss Sarah Millie	Employee File Number: 1040274
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 05	
Billing Number:	

**COST INFORMATION**

Moving/storage Of Household Goods	241.56
<b>Total Amount Due Cendant Mobility</b>	<b>\$241.56</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

Invoice Date	02/13/2003
Invoice Number	L25740
Employee Name	Miss Sarah Millie
Employee File Number	1040274

**BILLING DETAIL INFORMATION**

**MOVING/STORAGE OF HOUSEHOLD GOODS**

A. Household Goods Insurance	56.16	
B. Permanent Storage	185.40	
Total Moving/storage Of Household Goods	<hr/>	\$241.56
<b>Total Amount Due Cendant Mobility</b>		<b><u><u>\$241.56</u></u></b>

W.R. Grace & Co. - Conn.  
One Town Center Rd.  
Boca Raton FL 33486

Attn: Mr. Lynne Prescott

Invoice Date 10/01/2002  
Invoice Number K17773  
Reference Number 3071735  
Total Invoice \$10,704.17  
Due Date 10/31/2002

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. FRED LEMPEREUR	Employee File Number: 706401
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 005 Version: 01	
Billing Number:	

#### COST INFORMATION

Moving/storage Of Household Goods	10,704.17
<b>Total Amount Due Cendant Mobility</b>	<b>\$10,704.17</b>

Due and Payable Upon Receipt

Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 10/01/2002  
**Invoice Number** K17774  
**Reference Number** 3071734  
**Total Invoice** \$804.00  
**Due Date** 10/31/2002

#### SERVICE INFORMATION

**Employee Name and Address**

Mr. MARK BECKER

**File Information**

Employee File Number: 701763

Tax ID Number: —

Billing Type: Expense

Acquisition Type: Direct Reimbursement

Client Number: 3183

Division: 900 Version: 01

Billing Number:

#### COST INFORMATION

Moving/storage Of Household Goods	804.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$804.00</b>

Due and Payable Upon Receipt

Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287



Invoice Date	10/01/2002
Invoice Number	K17774
Employee Name	Mr. MARK BECKER
Employee File Number	701763

**BILLING DETAIL INFORMATION**

**MOVING/STORAGE OF HOUSEHOLD GOODS**

A. International shipment	804.00	
Total Moving/storage Of Household Goods	<hr/>	\$804.00
<b><i>Total Amount Due Cendant Mobility</i></b>		<b><i><u><u>\$804.00</u></u></i></b>

W.R. Grace & Company  
 7500 Grace Dr.  
 Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 09/21/2002  
 Invoice Number K09745  
 Reference Number 3071174  
 Total Invoice \$474.34  
 Due Date 10/21/2002

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Miss Sarah Millie	Employee File Number: 1040274
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 05	
Billing Number:	

#### COST INFORMATION

Moving/storage Of Household Goods	474.34
<b>Total Amount Due Cendant Mobility</b>	<b>\$474.34</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

Invoice Date	09/21/2002
Invoice Number	K09745
Employee Name	Miss Sarah Millie
Employee File Number	1040274

**BILLING DETAIL INFORMATION**

**MOVING/STORAGE OF HOUSEHOLD GOODS**

A. Household Goods Insurance	112.32	
B. Permanent Storage	362.02	
Total Moving/storage Of Household Goods	<hr/>	\$474.34
<b>Total Amount Due Cendant Mobility</b>		<b><u><u>\$474.34</u></u></b>

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 05/09/2001  
**Invoice Number** F64344  
**Reference Number** 3043276  
**Total Invoice** \$822.41  
**Due Date** 06/23/2001

#### SERVICE INFORMATION

<u>Employee Name and Address</u>		<u>File Information</u>	
Mr. DILSHAD AHMED		Employee File Number:	701787
		Tax ID Number:	
		Billing Type:	Additional Interest
		Acquisition Type:	Appraised Value
Client Number:	3183	Contract Date:	01/11/1999
Division:	900	Closing Date:	04/23/1999
Version:	03		
Billing Number			

#### COST INFORMATION

<u>Reference Information</u>		
Invoice Number:	D22943	
Invoice Date:	08/11/2000	
Date Paid:	04/30/2001	
Amount:	\$7,545.00	
Additional Interest		822.41
<b>Total Amount Due Cendant Mobility</b>		<b>\$822.41</b>

W.R. Grace & Co. - Conn.  
7500 Grace Dr  
Columbia MD 21044

Attn: Ms. Marihelen Johnson

Invoice Date 01/10/2001  
Invoice Number E57512  
Reference Number 3036180  
Total Invoice \$1,455.38  
Due Date 02/24/2001

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>		<b><u>File Information</u></b>	
XXXX		Employee File Number:	703045
XX NO PROPERTY ADDRESS XX		Tax ID Number:	
ON FILE X X		Billing Type:	Additional Interest
		Acquisition Type:	Amended Value
Client Number:	3183	Contract Date:	10/19/2000
Division:	001		
Version:	03		
Billing Number			

#### COST INFORMATION

<b><u>Reference Information</u></b>	
Invoice Number:	5965CA
Invoice Date:	09/30/1998
Date Paid:	12/19/2000
Amount:	\$3,795.00
Additional Interest	1,455.38
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,455.38</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement

Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Co. - Conn.  
7500 Grace Dr  
Columbia MD 21044

Attn: Ms. Marihelen Johnson

Invoice Date 01/10/2001  
Invoice Number E57513  
Reference Number 3036180  
Total Invoice \$995.85  
Due Date 02/09/2001

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. GARY J. HAYES	Employee File Number: 703764
Client Number: 3183	Tax ID Number:
Division: 001 Version: 02	Billing Type: Expense
Billing Number:	Acquisition Type: Direct Reimbursement

#### COST INFORMATION

Moving/storage Of Household Goods	995.85
<b>Total Amount Due Cendant Mobility</b>	<b>\$995.85</b>

Due and Payable Upon Receipt  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Co. - Conn.  
62 Whittmore Ave.  
Cambridge MA 02140

Attn: Ms. Abby Smith

Invoice Date 01/10/2001  
Invoice Number E57514  
Reference Number 3036180  
Total Invoice \$33,225.00  
Due Date 02/24/2001

#### SERVICE INFORMATION

<u>Employee Name and Address</u>	<u>File Information</u>
Mr. Eric Moeller	Employee File Number: 1065757D
	Tax ID Number:
	Billing Type: Homesale Acquisition
	Acquisition Type: Appraised Value
Client Number: 3183	
Division: 009 Version: 03	Contract Date: 01/05/2001

#### COST INFORMATION

Purchase Price	\$276,875.00	
Homesale Acquisition		33,225.00
<b>Total Amount Due Cendant Mobility</b>		<b>\$33,225.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Co. - Conn.  
7500 Grace Dr  
Columbia MD 21044

Attn: Ms. Marihelen Johnson

Invoice Date 12/08/2000  
Invoice Number E35032  
Reference Number 3034774  
Total Invoice \$551.19  
Due Date 01/22/2001

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>		<b><u>File Information</u></b>	
Mr. CRAIG MERRILL		Employee File Number:	714065
		Tax ID Number:	
		Billing Type:	Additional Interest
		Acquisition Type:	Amended Value
Client Number:	3183	Contract Date:	10/19/2000
Division:	001		
Version:	03		
Billing Number			

#### COST INFORMATION

<b><u>Reference Information</u></b>	
Invoice Number:	786561
Invoice Date:	06/23/1999
Date Paid:	11/06/2000
Amount:	\$2,406.93
Additional Interest	551.19
<b>Total Amount Due Cendant Mobility</b>	<b>\$551.19</b>



W.R. Grace & Co. - Conn.  
7500 Grace Dr  
Columbia MD 21044

Attn: Ms. Marihelen Johnson

Invoice Date 12/08/2000  
Invoice Number E35033  
Reference Number 3034774  
Total Invoice \$995.85  
Due Date 01/07/2001

#### SERVICE INFORMATION

**Employee Name and Address**

Mr. GARY J. HAYES

**File Information**

Employee File Number: 703764

Tax ID Number:

Billing Type: Expense

Acquisition Type: Direct Reimbursement

Client Number: 3183

Division: 001 Version: 02

Billing Number:

#### COST INFORMATION

Moving/storage Of Household Goods	995.85
<b>Total Amount Due Cendant Mobility</b>	<b>\$995.85</b>

Due and Payable Upon Receipt

Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Co. - Conn.  
 7500 Grace Dr  
 Columbia MD 21044

Attn: Ms. Marihelen Johnson

Invoice Date 10/11/2000  
 Invoice Number D81373  
 Reference Number 3031435  
 Total Invoice \$775.00  
 Due Date 11/25/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>	
Mr. BRADY MUSSON	Employee File Number:	714574
	Tax ID Number:	
	Billing Type:	Expense
	Acquisition Type:	Renter
Client Number: 3183		
Division: 001 Version: 03		
Billing Number:		

#### COST INFORMATION

Service Fee	775.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$775.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Company  
 7500 Grace Dr.  
 Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 09/12/2000  
 Invoice Number D50667  
 Reference Number 3029846  
 Total Invoice \$19,500.67  
 Due Date 10/27/2000

#### SERVICE INFORMATION

<u>Employee Name and Address</u>	<u>File Information</u>
Mr. KEVIN O'GORMAN	Employee File Number: 706197
	Tax ID Number: —
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 03	
Billing Number:	

#### COST INFORMATION

Service Fee	1,320.00
Moving/storage Of Household Goods	18,180.67
<b>Total Amount Due Cendant Mobility</b>	<b>\$19,500.67</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 09/12/2000  
**Invoice Number** D50668  
**Reference Number** 3029846  
**Total Invoice** \$1,320.00  
**Due Date** 10/12/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Miss Sarah Millie	Employee File Number: 1040274
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 05	
Billing Number:	

**COST INFORMATION**

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 09/12/2000  
**Invoice Number** D50669  
**Reference Number** 3029846  
**Total Invoice** \$1,320.00  
**Due Date** 10/12/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Robert Harding	Employee File Number: 1040283
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183 Division: 900 Version: 05	
Billing Number:	

**COST INFORMATION**

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Company  
7500 Grace Dr.  
Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 08/11/2000  
Invoice Number D22940  
Reference Number 3028228  
Total Invoice \$117.42  
Due Date 09/10/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Barry Hall	Employee File Number: 1042492
	Tax ID Number:
	Billing Type: Additional Interest
Client Number: 3183	
Division: 900 Version: 05	
Billing Number	

#### COST INFORMATION

<b><u>Reference Information</u></b>	
Invoice Number:	962515
Invoice Date:	01/18/2000
Date Paid:	07/03/2000
Amount:	\$1,701.71
Additional Interest	117.42
<b>Total Amount Due Cendant Mobility</b>	<b>\$117.42</b>

W.R. Grace & Company  
 7500 Grace Dr.  
 Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date	08/11/2000
Invoice Number	D22941
Reference Number	3028228
Total Invoice	\$196.32
Due Date	09/10/2000

#### SERVICE INFORMATION

**Employee Name and Address**

Mr. Pierre Normand

**File Information**

Employee File Number: 1045370

Tax ID Number:

Billing Type: Additional Interest

Client Number: 3183  
 Division: 900 Version: 05

Billing Number

#### COST INFORMATION

**Reference Information**

Invoice Number: 962516

Invoice Date: 01/18/2000

Date Paid: 03/13/2000

Amount: \$15,101.71

Additional Interest	196.32
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<b>Total Amount Due Cendant Mobility</b>	<b>\$196.32</b>
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Payments not received in full by due date will be subject to additional interest in accordance with the service agreement

Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Company  
7500 Grace Dr.  
Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 08/11/2000  
Invoice Number D22942  
Reference Number 3028228  
Total Invoice \$1,230.83  
Due Date 09/10/2000

#### SERVICE INFORMATION

##### Employee Name and Address

Mr. Mark Blackmore

##### File Information

Employee File Number: 1054800

Tax ID Number:

Billing Type: Additional Interest

Client Number: 3183

Division: 900 Version: 05

Billing Number 7368-0001-401030

#### COST INFORMATION

##### Reference Information

Invoice Number: 967120

Invoice Date: 01/22/2000

Date Paid: 08/01/2000

Amount: \$15,102.19

Additional Interest 1,230.83

**Total Amount Due Cendant Mobility \$1,230.83**



**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22943  
**Reference Number** 3028228  
**Total Invoice** \$7,545.00  
**Due Date** 09/25/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. DILSHAD AHMED	Employee File Number: 701787
Client Number: 3183 Division: 900 Version: 03	Tax ID Number: Billing Type: Expense Acquisition Type: Homeowner
Billing Number:	

#### COST INFORMATION

Service Fee	3,795.00
International Services	3,750.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$7,545.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22944  
**Reference Number** 3028228  
**Total Invoice** \$322.45  
**Due Date** 09/25/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. ALISTAR C. MACDONALD	Employee File Number: 706646
Client Number: 3183	Tax ID Number: -
Division: 900 Version: 03	Billing Type: Expense
Billing Number:	Acquisition Type: Direct Reimbursement

**COST INFORMATION**

Moving/storage Of Household Goods	322.45
<b>Total Amount Due Cendant Mobility</b>	<b>\$322.45</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22945  
**Reference Number** 3028228  
**Total Invoice** \$3,026.84  
**Due Date** 09/10/2000

#### SERVICE INFORMATION

**Employee Name and Address**

Mr. KEN NIGRO

**File Information**

Employee File Number: 712119

Tax ID Number:

Billing Type: Expense

Acquisition Type: Direct Reimbursement

Client Number: 3183

Division: 900 Version: 05

Billing Number:

#### COST INFORMATION

Other Service Fee	330.00
Service Fee	1,320.00
Moving/storage Of Household Goods	1,376.84
<b>Total Amount Due Cendant Mobility</b>	<b>\$3,026.84</b>

**Billing Notes**

Other Service Fees Include:  
 Moving Service Fee Of \$330.

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Company  
 7500 Grace Dr.  
 Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 08/11/2000  
 Invoice Number D22946  
 Reference Number 3028228  
 Total Invoice \$1,320.00  
 Due Date 09/10/2000

#### SERVICE INFORMATION

<u>Employee Name and Address</u> Mr. Barry Williams	<u>File Information</u> Employee File Number: 1039725 Tax ID Number: Billing Type: Expense Acquisition Type: Direct Reimbursement
Client Number: 3183 Division: 900 Version: 05	
Billing Number:	

#### COST INFORMATION

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22947  
**Reference Number** 3028228  
**Total Invoice** \$13,399.72  
**Due Date** 09/10/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Miss Sarah Millie	Employee File Number: 1040274
Client Number: 3183	Tax ID Number:
Division: 900 Version: 05	Billing Type: Expense
Billing Number:	Acquisition Type: Direct Reimbursement

**COST INFORMATION**

Other Service Fee	330.00
Moving/storage Of Household Goods	13,069.72
<b>Total Amount Due Cendant Mobility</b>	<b>\$13,399.72</b>

**Billing Notes**

Other Service Fees Include:  
 \$330 Moving Service Fee

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22948  
**Reference Number** 3028228  
**Total Invoice** \$3,817.27  
**Due Date** 09/10/2000

#### SERVICE INFORMATION

**Employee Name and Address**

Mr. Robert Harding

**File Information**

Employee File Number: 1040283

Tax ID Number:

Billing Type: Expense

Acquisition Type: Direct Reimbursement

Client Number: 3183

Division: 900 Version: 05

Billing Number:

#### COST INFORMATION

Other Service Fee	330.00
International Services	3,487.27
<b>Total Amount Due Cendant Mobility</b>	<b>\$3,817.27</b>

**Billing Notes**

Other Service Fees Include:  
 \$330 Moving Service Fee

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22949  
**Reference Number** 3028228  
**Total Invoice** \$1,320.00  
**Due Date** 09/10/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Ken Nigro	Employee File Number: 1042456
Client Number: 3183	Tax ID Number:
Division: 900 Version: 05	Billing Type: Expense
Billing Number:	Acquisition Type: Direct Reimbursement

**COST INFORMATION**

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

W.R. Grace & Company  
7500 Grace Dr.  
Columbia MD 21044

Attn: Ms. Kelly Boyce

Invoice Date 08/11/2000  
Invoice Number D22950  
Reference Number 3028228  
Total Invoice \$15,061.78  
Due Date 09/10/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Paul Dunn	Employee File Number: 1042484
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 05	
Billing Number:	

#### COST INFORMATION

Other Service Fee	330.00
Service Fee	1,320.00
Moving/storage Of Household Goods	13,411.78
<b>Total Amount Due Cendant Mobility</b>	<b>\$15,061.78</b>

#### **Billing Notes**

Other Service Fees Include:  
Moving Service Fee Of \$330.

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287



**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22951  
**Reference Number** 3028228  
**Total Invoice** \$1,320.00  
**Due Date** 09/10/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Barry Hall	Employee File Number: 1042492
	Tax ID Number:
	Billing Type: Expense
	Acquisition Type: Direct Reimbursement
Client Number: 3183	
Division: 900 Version: 05	
Billing Number:	

**COST INFORMATION**

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22952  
**Reference Number** 3028228  
**Total Invoice** \$1,320.00  
**Due Date** 09/10/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Pierre Normand	Employee File Number: 1045370
Client Number: 3183 Division: 900 Version: 05	Tax ID Number: Billing Type: Expense Acquisition Type: Direct Reimbursement
Billing Number:	

**COST INFORMATION**

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22953  
**Reference Number** 3028228  
**Total Invoice** \$1,320.00  
**Due Date** 09/10/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>		<b><u>File Information</u></b>	
Mr. Joe Stief		Employee File Number:	1047013
		Tax ID Number:	
		Billing Type:	Expense
		Acquisition Type:	Direct Reimbursement
Client Number:	3183		
Division:	900	Version:	05
Billing Number:			

#### COST INFORMATION

Service Fee	1,320.00
<b>Total Amount Due Cendant Mobility</b>	<b>\$1,320.00</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22954  
**Reference Number** 3028228  
**Total Invoice** \$9,647.49  
**Due Date** 09/10/2000

#### SERVICE INFORMATION

<b><u>Employee Name and Address</u></b>		<b><u>File Information</u></b>	
Mr. Alan Clark		Employee File Number:	1051538
		Tax ID Number:	
		Billing Type:	Expense
		Acquisition Type:	Direct Reimbursement
Client Number:	3183		
Division:	900	Version:	05
Billing Number:			

#### COST INFORMATION

Business Expense	101.71
Other Service Fee	330.00
Service Fee	1,320.00
Moving/storage Of Household Goods	7,895.78
<b>Total Amount Due Cendant Mobility</b>	<b>\$9,647.49</b>

#### **Billing Notes**

Moving Service Fee Of \$330.

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
 Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287

**W.R. Grace & Company**  
**7500 Grace Dr.**  
**Columbia MD 21044**

**Attn: Ms. Kelly Boyce**

**Invoice Date** 08/11/2000  
**Invoice Number** D22955  
**Reference Number** 3028228  
**Total Invoice** \$3,680.54  
**Due Date** 09/10/2000

**SERVICE INFORMATION**

<b><u>Employee Name and Address</u></b>	<b><u>File Information</u></b>
Mr. Bud Lafferty	Employee File Number: 1054183
Client Number: 3183	Tax ID Number:
Division: 900 Version: 05	Billing Type: Expense
Billing Number:	Acquisition Type: Direct Reimbursement

**COST INFORMATION**

Business Expense	43.67
Other Service Fee	330.00
Service Fee	1,320.00
Moving/storage Of Household Goods	1,986.87
<b>Total Amount Due Cendant Mobility</b>	<b>\$3,680.54</b>

Payments not received in full by due date will be subject to additional interest in accordance with the service agreement  
Please Remit to: CENDANT MOBILITY SERVICES CORPORATION P.O. Box 360287 Pittsburgh, PA 15250-6287